

The Health Care Monitor

February, 2002

Volume 5, Issue 2



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TRICARE Northwest

TRICARE reduces catastrophic cap

News source: TRICARE Management Activity

The TRICARE fiscal year "catastrophic cap" has been reduced from \$7,500 to \$3,000 for uniformed services retirees, their family members and survivors. The cap is the maximum amount of out-of-pocket costs these beneficiaries are required to pay for medical care during a fiscal year (Oct. 1 through Sept. 30).

For active duty family members, the catastrophic cap remains \$1,000 per fiscal year.

The catastrophic cap reduction is retroactive to Oct. 1, 2000. Retirees, their family

members and survivors who have paid more than \$3,000 out-of-pocket for TRICARE-covered services are eligible for reimbursement. The managed care support contractors (MCSC's) will search their files and identify beneficiaries due refunds. Beneficiaries who have saved their receipts and choose to initiate a request for reimbursement, may do so by contacting their regional claims processor for guidance on where to submit their receipts and claims.

It is not necessary for beneficiaries to resubmit claims already paid by TRICARE to qualify for reimbursement of the amount paid over the catastrophic cap. For retirees, their family members and survivors enrolled in TRICARE Prime,

there is an enrollment year cap. The enrollment year cap begins on the anniversary date of enrollment in TRICARE Prime, and applies to all enrollees. Catastrophic caps, both fiscal year and enrollment year combined, will not exceed \$3,000 in a given 12-month period for retirees, their family members and survivors, and \$1,000 for family members of active duty members.

Once the catastrophic cap and enrollment year cap (combined) are met by TRICARE Prime enrollees, TRICARE will pay up to the TRICARE allowable amount for all covered services (excluding point-of-service charges which do not count toward the catastrophic cap).

For beneficiaries who are not enrolled

in TRICARE Prime, TRICARE will pay up to the TRICARE allowable amount for all covered services for the remainder of the fiscal year after the fiscal year cap is met.

Retirees, family members, and survivors remain responsible for the cost of all services and treatments received which are not TRICARE covered benefits. Some beneficiaries mistakenly believe that the \$3,000 catastrophic cap is the ceiling on the amount that TRICARE will cover for a family during any given year, however the opposite is true. The cap will protect retirees, their family members and survivors from paying more than \$3,000 out-of-pocket for medical care.

Naval Hospital Bremerton's news

One sailor's homecoming surprise



Petty Officer 3rd Class Stephen Alley enjoys his surprise reunion in the hospital with his wife Sara and newborn son Patrick. (Photo and story by NHB PAO)

Petty Officer 3rd Class Stephen Alley enjoys his reunion with his wife Sarah and newborn child Patrick John Alley. Patrick couldn't wait for his dad's ship, the USS Carl Vinson (CVN 70), to return from supporting Enduring Freedom Jan. 24. Patrick arrived at 10:32 p.m. Jan. 23 and since mom, had to be there too, that left dad with no one to greet him. In comes the hero of the day, father-in-law Jeffrey Anderson, who just happens to be a harbor pilot. With the okay nod from the

communications systems tech's command, the new dad was whisked onto a tugboat and ferried to shore avoiding crowds and traffic jams. He was then rushed to the hospital where he was introduced to his new son and greeted his wife Sarah after his six months away from home. When asked how he felt about his son, Stephen said, "I'm just happy to be home with my wife. I've only known him for a couple of hours, I've known her a lot longer."

Naval Hospital Oak Harbor news

Hospital continues the expansion of Pediatric Services

NAVAL AIR STATION Whidbey Island—Kimberly Shaw, MSW, is helping to continue the expansion of children's health care services at Naval Hospital Oak Harbor.. She hung up her shingle last month, becoming the only counselor on Whidbey Island

dedicated specifically to children and adolescents.

Prior to her arrival most children were sent to counselors off base for therapy. Ms. Shaw is now working to improve the delivery of care between a child's pediatrician or family practitioner and the counselor.

"Treatment of many mental health disorders in children and adolescents require a team approach involving the primary care provider and the counselor, according to Dr. Rees Lee, Head of Pediatrics here.

Kimberly Shaw has

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Kimberly Shaw, MSW, NHOH

Newborns like what they hear

The grandparents eagerly arrive to see the new grandchild. Shhh! Quiet, you will wake the baby up! However, how do we know that a child can actually hear the noise? When babies are born at the Naval Hospital, parents can be confident that their child can hear. Beginning

in December, all children born at the Naval Hospital Oak Harbor receive hearing tests before leaving the Nursery.

The Naval Hospital Medical Staff recognized the need for early identification of children with con-



Newborn child gets a hearing test.

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Fairchild Air Force Medical Clinic News

FAIRCHILD AFB—

Congratulations to these 92d Medical Group servicemembers and civilians for being chosen as 2001 annual award winners. Some of the honorees will be featured in future newsletters as their photos become available.



Civilian of the Year,
Category II
Thomas Guthrie
Facility Manager

Company Grade Officer of
the Year 2Lt Michael Luby
Aerospace Physiologist

Civilian of the Year,
Category I
Mechelle Muthuveeran
92d Med. Ops. Squad-

Senior NCO of the Year
Master Sgt. Michelle
Sobel
92 ADS

New policy: USCG Pharmacies

SOURCE: COMMANDANT NOTICE 6000 Coast Guard Pharmacy Quality Assurance From the Director of Health and Safety USCG

The following policy will be effective 1 April 2002.

This U.S. Coast Guard has published a policy notice that establishes new medication dispensing policy at Coast Guard all health services facilities, consistent with quality assurance and the prevailing standard of pharmaceutical care. The standard of care in the private and federal sectors for filling prescriptions is that they are filled under the direct oversight of a properly trained and licensed pharmacist. Coast Guard health services facilities (clinics and sick bays) must make every attempt to meet this standard of care.

The historical lack of affordable local alternatives at many Coast Guard unit locations necessitated that Coast Guard health services facilities make certain allowances for the eligible beneficiaries in their respective communities. This problem has been alleviated by the 2001 National Defense Authorization Act which allows all beneficiaries the use of retail network pharmacies and the National Mail Order pharmacy (NMOP) at very low cost to the beneficiaries (remains no cost to active duty members). All retail network pharmacies and NMOP have direct pharmacist oversight of all prescription filling and dispensing activities.

Procedures:

- Health services fa-

cilities with permanently assigned pharmacy officers: Prescriptions will be filled for all eligible beneficiaries, including those written by providers not attached to the given Coast Guard health services facility, provided the requested medications are on that facility's formulary. So as not to disrupt day-to-day pharmacy operations, the Chief, Health Services Division, shall designate a staff medical officer as an alternate pharmacy officer to oversee pharmacy operations when the pharmacy officer must be away, e.g., TAD, leave, etc.

- Health services facilities without permanently assigned pharmacy officers: Prescriptions will be filled for eligible beneficiaries only if the prescription is written by a Coast Guard medical

or dental officer, or by a Coast Guard referred provider (a specialist who sees the beneficiary at the request of a Coast Guard provider), as part of an ongoing therapeutic relationship.

Prescriptions with refills remaining may be honored beyond 1 February 2002 until they run out or the prescription expires (over one year from date written). Facilities are reminded, per Medical Manual, Chapter 10.2.c., "Military practitioners or contract providers shall not countersign civilian prescriptions nor shall civilian prescriptions be rewritten during cursory outpatient visits with the intent of authorizing the prescription for dispensing at the facility."

Notes: This



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COMDTNOTE does not preclude the use of the retail network or NMOP if deemed more appropriate and/or expedient by the beneficiary.



March 2002 HBA Course

TRICARE Northwest, Region 11, Office of the Lead Agent and the Military Liaison Directorate of the TRICARE Management Activity, located in Aurora, Colorado, will be conducting a TRICARE Basic (HBA) course here from March 27-29 2002 (0800 to 1630 hrs daily). Location of the course is Ft Lewis Golf Course. Additional information and registration is on the link below. <http://tricarenw.mamc.amedd.army.mil/conf/basic/default.htm>

Asthma patients breathe easier with help of Naval Hospital

By: Naval Hospital Oak Harbor Reporter

Your child awakens at night in a spasm of coughing. She can barely speak and her ribs are visible with each labored breath. An asthma attack! Do you know what to do? For patients who have entered the Asthma Clinical Pathway at the Naval Hospital, the answer is YES.

Beginning this month, the Naval Hospital instituted the Asthma Clinical Pathway to coordinate the efforts of physicians and Nurse Educators to address the needs of people with asthma.

Almost all of us either have asthma or know someone who does. It is the most common chronic illness in children and remains a serious problem for many adults. In fact, one out of 10 Americans have asthma. Asthma is not a condition to be

taken lightly. Children with asthma miss an average of 5 to 7 days of school each year due to the disease. Of greater

asthma is that it lulls you into complacency. A patient can have few, if any symptoms for weeks or even months. Then sud-

daily preventive medications. "It is very important that people with asthma know the category of asthma into which they fall. With the exception of people with mild intermittent asthma, daily preventive medicines are needed." Dr. Lee explains "The daily medicines not only reduce the number of asthma attacks but also protect the lungs from the damage that occurs after years of attacks. Just as fluoride protects the teeth, the daily asthma medicines protect the lungs." Inhaled steroids are the most common daily preventive medicine.

Medicines are only one part of the management of asthma. "Education is the key to controlling your asthma," says LCDR Curt Anderson, one of three Nurse Educators at the Naval



This patient is being tested using a spirometer to monitor his progress. (U.S. Navy Photo)

concern is the fact that 470,000 people require hospitalization and more than 5000 of them are dying due to their asthma. A significant portion of these deaths occur in people with "mild" asthma. Dr. Rees Lee, Head of Pediatrics at the Naval Hospital, points out that "the great danger of

denly, seemingly out of the blue, a severe asthma attack will occur."

Doctors separate asthma into a number of severity categories. The mildest form is called "mild intermittent asthma" and requires only occasional treatment with medication. All other forms of asthma need

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Madigan will host March 2002 Medical Conference

Madigan Army Medical Center will host its 18th annual Physical Medicine and Rehabilitation conference March 26-29, 2002 in Tacoma, Washington at the Sheraton Hotel. The conference is sponsored by the Office of The Surgeon General, U.S. Army. Several nationally renowned experts will speak on chronic pain management (including alternative and complementary medicine), other topics include Musculoskeletal /Sports Medicine, Pediatric and adult electrodiagnosis, Bioterrorism, and issues unique to Psychiatrists and other Neuromusculoskeletal health

care providers.

The conference is for Psychiatrists and physicians in related specialties; however, all medical professionals interested in these topics are invited to attend.

The course program and registration information for the conference can be accessed on the web at www.hjf.org. Approximately 25 category 1 CME will be provided. For interim information please contact Shashi Kumar, MD or our secretary Shirley Birdsong at (253)-968-2020 (EMAIL: shirley.birdsong@nw.amedd.army.mil).



New Okubo superclinic will open for business this month.



Madigan wins TRICARE 2002 Convention Innovations Poster Exhibit award for Breast Diagnostic and Breast Cancer Pathways.

TO SEE POSTER: <http://tricarenw.mamc.amedd.army.mil/upload/bccp.pdf>

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Hospital. Following a newly instituted Asthma Clinical Pathway, the Nurse Educators provide individualized education about the causes of asthma, common asthma triggers and ways to reduce them in your environment. They review the patient's medications and ensure that he or she understands how to take

them properly. Finally, specific guidance on how to manage asthma attacks at home is given in the form of an Asthma Action Plan. "No one likes late night visits to the Emergency Room. By following your Asthma Action Plan, patients can often treat themselves at home and avoid an Emergency Room visit," says LT Zoe Fausold, another

Nurse Educator. LT Catherine McNeal who rounds out the trio of Nurse Educators echoes the importance of advance planning by having an action plan available. "Every patient with asthma should have an Asthma Action Plan. The time to figure out how to manage your asthma is not when you can't breathe."

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been able to expand this hospital's capability to care for children with Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Post-Traumatic Stress Disorder and a variety of other conditions." Shaw has a long-standing interest in childhood mental health issues having worked most recently with the Naval Hospital Bremerton child psychiatrist.

Shaw represents one person who is helping this hospital improve services offered to children. Other services that are being expanded or added include:

- **Newborn hearing screenings** now utilize

Automated Brainstem Response (ABR) technology. This screening is provided to all newborns. Research demonstrates that the early detection of congenital hearing loss and early treatment with hearing aids results in significant improvements in language and communication skills.

- Some infant "continuity of care" improvements include: One doctor is chosen to see a child for all his/her routine wellness care.

Doctors here, also consider what is called "continuity of care" to be very important.

- **Pediatric Subspecialty Services.** Whidbey Island has no pediatric

sub specialists, but is able to provide a number of complex pediatric patients are cared for at the Naval Hospital through close coordination with the specialists at Madigan Army Medical Center (MAMC) located in Fort Lewis. The following pediatric sub specialists visit the Naval Hospital Oak Harbor on a regular basis to see patients: pediatric endocrinology, pediatric gastroenterology, pediatric nephrology and beginning this month, child psychiatry.

- **Asthma Care** -- Open to both children and adults Asthma Care incorporates medical management by the patient's physician as well

as educational services provided by Nurse Educators.

- **Pediatric Airborne Transport Services.**

With the expert help of the Search and Rescue Team, Dr. Lee and his colleague Dr. Karl Yen completed the necessary training to accommodate seriously ill children to other hospitals in the region via helicopter.

The number of military general pediatricians is expected to increase from two to three this summer. Together with the two civilian contract pediatricians, the Naval Hospital will have a total of five pediatricians on staff.

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genital hearing loss. Research shows that early diagnosis and treatment with hearing aids and speech therapy results in dramatic improvement in the child's language development. Dr. Rees Lee, Head of Pediatrics at the Naval Hospital, does all he can to diagnose and begin treatment before 6 months of age.

"Unfortunately in the

past, the average age in which children were diagnosed was 2 years old. Even with intensive speech therapy and use of hearing aids, these children have more difficulty achieving functional language skills. Children who begin treatment by 6 months of age stand the best chance for normal language."

In the past, all infants were referred to other

Treatment facilities for their hearing screens. The Naval Hospital has recently started screening newborns using automated Auditory Brainstem Response (ABR) technology. Some hospitals use an alternative method called Otoacoustic Emissions (OAE). "We are very fortunate to have an ABR. While both the ABR and OAE are good systems, the

ABR is slightly more accurate," says Dr. Lee. to complete."

Children are screened up to two times in the nursery. If both screens indicate a need for further testing, the child will be referred to an audiologist.

If you have any hearing concerns in any member of your family, contact your primary care provider at NHOH.